

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016698

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4204

FILED MAY 1 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ill. b. COUNTY Madison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Madison	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9400 Blk. Riverview Dr.		d. STREET ADDRESS (If outside, give location) 911 Washington Ave.	

3. NAME OF DECEASED (Type or print) First Middle Last CLIFFORD GERALD COZART			4. DATE OF DEATH Month Day Year 4 21 62		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-22-36	9. AGE (last birthday) 25	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) serviceman		10b. KIND OF BUSINESS OR INDUSTRY U. S. Air Force		11. BIRTHPLACE (City and state or country) Madison, Illinois	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Clifford C. Cozart		13b. MOTHER'S MAIDEN NAME Sophia Jackovich	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service yes 1953 to 1962		17. INFORMANT 911 Washington Ave. Matt Jackovich Madison, Ill.	

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock; laceration of the brain from depressed fracture of the skull; Hemothorax. Multiple injuries suffered when car operated by deceased struck warning pylon in vicinity of 9400 Riverview Dr. to E. on Apr 21 1962 DUE TO (b) accident DUE TO (c) accident		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) see above	
20c. TIME OF INJURY Hour 4 p.m. Month, Day, Year 4-21-62		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 08 street	
20e. CITY, TOWN, OR LOCATION St. Louis, Mo		20f. COUNTY STATE	
21. I attended the deceased from 4A to and last saw her alive on Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE Paul J. Simon (Degree or title) Deputy Coroner		22b. ADDRESS 1300 Clark		22c. DATE SIGNED 4/23/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 4-24-62		23c. NAME OF CEMETERY OR CREMATORY Calvary	
23d. LOCATION (City, town, or county) Madison County		23e. STATE Ill.		25. DATE RECD. BY LOCAL REG. APR 23 1962	
24. FUNERAL DIRECTOR John L. Sedlack		ADDRESS Madison, Illinois		26. REGISTRAR'S SIGNATURE Paul Smith, M.D.	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John T. Sedlack*

Licensed Embalmer No.

*3747*

P. O. Address

*Madison, Ill.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.